

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000115422

**FILED**  
**Aug 06, 2009**  
**Secretary of State****Entity Name:** MY FAMILY LEARNING CENTERS, INC.**Current Principal Place of Business:**4648 SW 33 DRIVE  
HOLLYWOOD, FL 33023**New Principal Place of Business:**1360 KASIM STREET  
OPA LOCKA, FL 33054**Current Mailing Address:**4648 SW 33 DRIVE  
HOLLYWOOD, FL 33023**New Mailing Address:**1360 KASIM STREET  
OPA LOCKA, FL 33054**FEI Number:** 20-0309949**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PEREZ, MAYRA  
4648 SW 33 DRIVE  
HOLLYWOOD, FL 33023 US**Name and Address of New Registered Agent:**PEREZ, MAYRA  
1360 KASIM STREET  
OPA LOCKA, FL 33054 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MAYRA PEREZ

08/06/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** PEREZ, MAYRA  
**Address:** 4648 SW 33 DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33023**Title:** VP ( ) Delete  
**Name:** OLIVAREZ, RUBEN R  
**Address:** 4648 SW 33 DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33023**Title:** S ( ) Delete  
**Name:** RUIZ,, MARIA B  
**Address:** 4648 SW 33 DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33023**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** PEREZ, MAYRA  
**Address:** 1360 KASIM STREET  
**City-St-Zip:** OPA LOCKA, FL 33054**Title:** VP (X) Change ( ) Addition  
**Name:** OLIVAREZ, RUBEN R  
**Address:** 1360 KASIM STREET  
**City-St-Zip:** OPA LOCKA, FL 33054**Title:** S (X) Change ( ) Addition  
**Name:** RUIZ,, MARIA B  
**Address:** 1360 KASIM STREET  
**City-St-Zip:** OPA :LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MAYRA PEREZ

P

08/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date